

Health Resources Division
Rule Changes

Hospital

The amendments to ARM 37.86.2801, 37.86.2806, 37.86.2901, 37.86.2902, 37.86.3001, and 37.86.3020, effective October 1, 2014 address early elective deliveries and non-medically necessary cesarean sections. These proposed amendments are necessary to define elective deliveries and set the guidelines for reimbursement changes that will protect the maternal child health of persons eligible for Montana Medicaid benefits.

The proposed amendments to ARM 37.86.2901, 37.86.2905, and 37.86.2918, effective January 1, 2015, pertain to the unbundling of the insertion of long acting reversible contraceptives (LARCs) at the time of delivery from the APR-DRG payment for PPS Hospitals.

Physician

The amendments to ARM 37.86.406, effective October 1, 2014, address early elective deliveries and non-medically necessary cesarean sections. These proposed amendments are necessary to define elective deliveries and set the guidelines for reimbursement changes that will protect the maternal child health of persons eligible for Montana Medicaid benefits.

Big Sky Rx

37.81.304 Effective January 12 2015. This rule amendment changes the Big Sky Rx maximum premium to match the federal monthly benefit benchmark. The maximum premium amount will reduce from \$32.20 to \$30.00 per month.

Durable Medical Equipment

37.85.105(3)(I) Effective October 1, 2014. This rule amendment removed all non-covered codes from the existing DME and Prosthetic Devices Medicaid Fee Schedule.

37.85.105(3)(c) and (I) Effective January 1, 2015. This is the Mega Rule and is simply an update to the Hearing Aids and DME fee schedule in regards to the Medicare fee update.

37.86.1802(2) and (6) Effective January 1, 2015. This amendment in rule is clarify that the Medicaid DME program only pays for supplies and equipment set forth on the DME Fee Schedule.

Pharmacy

ARM 37.86.1103 Effective January 1, 2015. We are adding clarity by defining “Drug Not Covered” and adding a description of pharmacy case management. Drug Not Covered is defined to explain that members are unable to receive certain medications without prior authorization when subject to “Drug Not Covered” restrictions. In addition, the limitations put in place as part of pharmacy case management are outlined. These limitations includes: random drug screening, random pill counts, treatment contracts, restrictions through “drug not covered”, and a requirement to utilize 100% of the estimated therapy days prior to authorization.